12-16-04

PART B - FEE(S) TRANSMITTAL

IFUS BOX/M

Complete and send this form, together with applicable fee(s), to: Mail

01 02

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

DEC 1 5 2004 명			or <u>Fax</u>	(703) 746-4000		
INSTRUCTIONS: This for appropriate. All further co ladicated unless corrected	orm should be used for transcrespondence including the below or directed otherwise	smitting the ISSUE Patent, advance ord in Block 1, by (a)	FEE and PUBLI ers and notification specifying a new	CATION FEE (if request of maintenance fees correspondence address	nired). Blocks 1 through 5 s will be mailed to the current a; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
CURRESTATORRESPONDEN 30405 7	CE ADDRESS (Note: Use Block 1 for 09/21/2004 PHARMACEUTICA treet [A 02139	LS, INC.		Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certification.	f mailing can only be used finis certificate cannot be used all paper, such as an assignme of mailing or transmission. EV5697621 rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for finit Stop ISSUE FEE address PTO (703) 746-4000, on the	for domestic mailings of the for any other accompanying ent or formal drawing, must 1608
				Sean Hunz	iker	(Depositor's name)
FC:1501 1400.00 FC:8001 9.00	D DA			Seam	Springe	(Signature)
		-		December	15, 2004	(Date)
APPLICATION NO.	FILING DATE	F	IRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/587,111	06/02/2000		Rory A.J. Curti	s	MNI-062CP2DV1	6800
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEI	E P	PUBLICATION FEE	TOTAL FEE(S) DUE \$1330	DATE DUE 12/21/2004
•	MINER	ART UNIT			·	
	JOHN D	1646	T CLASS-SUBCLASS 435-069100			
Change of correspondence address or indication of "Fee Address" (37 . CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence ation form e of a Customer	or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w	ernatively, single firm (having as sy or agent) and the nan at attorneys or agents. If vill be printed.	Inc. a member a nes of up to	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN	dence address (or Change of 122) attached. ation (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified bein 37 CFR 3.11. Completion INSE	Correspondence ation form e of a Customer E PRINTED ON The clow, no assignee dof this form is NOT (B)	or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w HE PATENT (print ata will appear on a substitute for filin RESIDENCE: (CI	ernatively, a single firm (having as by or agent) and the nan tattorneys or agents. It will be printed. or type) the patent. If an assigning an assignment. TY and STATE OR CO	a member a anes of up to no name is 3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN	dence address (or Change of 122) attached. Ition (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified ben 37 CFR 3.11. Completion NEE	correspondence ation form of a Customer E PRINTED ON THE clow, no assignee do of this form is NOT (B) Inc.	or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w HE PATENT (print ata will appear on a substitute for filin RESIDENCE: (CIT Cambridge	ernatively, a single firm (having as by or agent) and the nan trattorneys or agents. If the printed. or type) the patent. If an assigning an assignment. TY and STATE OR CO Massachuset	a member a 2 2 3 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN Millennium Please check the appropriat 4a. The following fee(s) are	dence address (or Change of 122) attached. Ition (or "Fee Address" Indict or more recent) attached. Use DRESIDENCE DATA TO Be as an assignee is identified be n 37 CFR 3.11. Completion NEE Pharmaceuticals e assignee category or category enclosed: small entity discount permittee.	correspondence ation form e of a Customer E PRINTED ON THE elow, no assignee do of this form is NOT (B) Inc. ries (will not be printed)	or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w HE PATENT (print ata will appear on a substitute for fillin RESIDENCE: (CI Cambridge need on the patent): Payment of Fee(s): A check in the a Payment by cree	ernatively, I single firm (having as by or agent) and the nan tattorneys or agents. If it all be printed. Or type) The patent. If an assigning an assignment. TY and STATE OR CO Individual Commount of the fee(s) is endit card. Form PTO-203:	a member a 2 2 3 3 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for oup entity
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN Millennium Please check the appropriate the following fee(s) are lissue Fee Publication Fee (Note that is a set forth is set forth in the following fee(s) are lissue Fee Advance Order - # of the following in Entity Status a. Applicant claims S	dence address (or Change of 122) attached. Ition (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified ben 37 CFR 3.11. Completion NEE Pharmaceuticals e assignee category or category enclosed: small entity discount permitted of Copies	Correspondence ation form e of a Customer E PRINTED ON THE low, no assignee do of this form is NOT (B) Inc. ries (will not be printed) ation a	or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w HE PATENT (print ata will appear on a substitute for filir RESIDENCE: (Cl' Cambridge nted on the patent): Payment of Fee(s): A check in the a Payment by crec The Director is Deposit Account No	ernatively, I single firm (having as sy or agent) and the nan tattorneys or agents. If it all be printed. Or type) the patent. If an assigning an assignment. TY and STATE OR CO Massachuse to Individual Comount of the fee(s) is endit card. Form PTO-203: hereby authorized by comber 501608	a member a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	document has been filed for oup entity Government credit any overpayment, to opy of this form).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN Millennium Please check the appropriate the following fee(s) are lissue Fee Publication Fee (Note that is a set forth is set forth in the following fee(s) are lissue Fee Advance Order - # of the following in Entity Status a. Applicant claims S	dence address (or Change of 122) attached. Ition (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified ben 37 CFR 3.11. Completion NEE Pharmaceuticals e assignee category or category enclosed: small entity discount permitted of Copies	Correspondence ation form e of a Customer E PRINTED ON THE low, no assignee do of this form is NOT (B) Inc. ries (will not be printed) ation a	or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w HE PATENT (print ata will appear on a substitute for filir RESIDENCE: (Cl' Cambridge nted on the patent): Payment of Fee(s): A check in the a Payment by crec The Director is Deposit Account No	ernatively, I single firm (having as sy or agent) and the nan tattorneys or agents. If it all be printed. Or type) the patent. If an assigning an assignment. TY and STATE OR CO Massachuse to Individual Comount of the fee(s) is endit card. Form PTO-203: hereby authorized by comber 501608	a member a 2 nes of up to no name is 3 nee is identified below, the country) LTS orporation or other private gracelosed. B is attached. Charge the required fee(s), or (enclose an extra country or content or c	document has been filed for oup entity Government credit any overpayment, to copy of this form).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN Millennium Please check the appropriat 4a. The following fee(s) are Issue Fee Publication Fee (No. Advance Order - # of the condens of t	dence address (or Change of 122) attached. Ition (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified ben 37 CFR 3.11. Completion NEE Pharmaceuticals e assignee category or category enclosed: small entity discount permitted of Copies	Correspondence ation form e of a Customer E PRINTED ON THE low, no assignee do of this form is NOT (B) Inc. ries (will not be printed) ation a	or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w HE PATENT (print ata will appear on a substitute for filir RESIDENCE: (Cl' Cambridge nted on the patent): Payment of Fee(s): A check in the a Payment by crec The Director is Deposit Account No	ernatively, I single firm (having as sy or agent) and the nanet attorneys or agents. If all the printed. Or type) The patent. If an assigning an assignment. TY and STATE OR CO Massachuse to Individual Comount of the fee(s) is end; the card. Form PTO-203: hereby authorized by comber 50 1668 To longer claiming SMA or re-apply any previous than the applicant; a registree.	a member a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	document has been filed for oup entity Government credit any overpayment, to copy of this form).

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ractitio	ner's Dock	et No. <u>MPI98-093P</u>	2RCP3DV1ARC	<u>EM</u>	PATENT
5 2004 1	IN '	THE UNITED STA			EMARK OFFICE
l#/re appl Application	ication of: on No.:	Curtis, Rory A. J. 09/587,111	(Group No.:	1646
Filed: For:		June 2, 2000 NOVEL MEMBE OF PROTEINS A	RS OF THE CAPS		Ulm, John D. NILLOID RECEPTOR FAMILY
		OF PROTEINS A	ND OSES THEKE		ion No. 6800
Commiss P.O. Box	ria, VA 22	Patents 313-1450	MENT OF ISSUE	E FEE (37 C	.F.R. SECTION 1.311)
1.	Applicar	nt hereby pays the iss	sue fee for the attac	ched Issue Fe	ee Transmittal PTOL-85.
2.	Fee (37 (C.F.R. Section 1.18(a	a)):		
	Applicati	on status is other tha	an a small entityf		<u>Regular</u> 1,400.00
3.	\$1,400.00	of fee: Charge Acco 0 and fee of \$9.00 fo ate of this request is	or 3 soft copies.)	ne sum of \$1,	,409.00 (includes Issue Fee of
Decembe	r 15, 2004	——	•	NIUM PHA	RMACEUTICALS, INC.
			Limite 40 Lar Cambi Teleph	Cloutier ed Recognition ed Recogniti	2139 577-3522
		CERTIFICATION	UNDER 37 C.F.R. S	SECTIONS 1.8	B(a) and 1.10*
I hereby cer	tify that, on th	ne date shown below, thi			
⊯ de	eposited with		MAILING Service in an envelope	Ü	Mail Stop Issue Fee, Commissioner for

X	deposited with the United States Postal Service in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.						
	37 C.F.R. SECTION 1.8(a)		37 C.F.R. SECTION 1.10*				
	with sufficient postage as first class mail.	æ	as "Express Mail Post Office to Addressee" Mailing Label No. EV569762116US				
	TRANSM transmitted by facsimile to the Patent and Trademark C	AISSION Office.	lan Auge				

Date: December 15, 2004

Sean Hunziker

(type or print name of person certifying)

*WARNING:Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.